

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) PCT24454

Box No. I TITLE OF INVENTION: PHARMACEUTICAL COMPOSITION FOR TOPICAL APPLICATION, USES AND PROCESS FOR THE PREPARATION THEREOF.

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

TRUMILLO DJACZENKO Maria (heiress of DJACZENKO Wiktor)
Via Giano della Bella 18
00162 ROMA - ITALY

This person is also inventor

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:
ITALY

State (that is, country) of residence:
ITALY

This person is applicant all designated all designated States except the United States of America only the States indicated in the Supplemental Box
for the purposes of States the United States of America only the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FAVA Danila
Viale Tirreno 187
00141 ROMA - ITALY

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
ITALY

State (that is, country) of residence:
ITALY

This person is applicant all designated all designated States except the United States of America only the States indicated in the Supplemental Box
for the purposes of States the United States of America only the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BANCHETTI Marina - CAPASSO Olga - de SIMONE Domenico - FIORUZZI Maria Augusta - IANNONE Carlo Luigi - TALIERCIO Antonio - ZANARDO Giovanni - ING. BARZANO' & ZANARDO ROMA S.p.A. - Via Piemonte 26 - 00187 ROMA - ITALY

agent

common representative

Telephone No.
06/4743241

Facsimile No.
06/4870273

Teleprinter No.
625579

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DJACZENKO Wiktor (Deceased)
Via Giano della Bella 18
00162 ROMA - ITALY

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated all designated States except the United States of America the States indicated in the Supplemental Box for the purposes of States the United States of America only

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated all designated States except the United States of America the States indicated in the Supplemental Box for the purposes of States the United States of America only

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated all designated States except the United States of America the States indicated in the Supplemental Box for the purposes of States the United States of America only

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated all designated States except the United States of America the States indicated in the Supplemental Box for the purposes of States the United States of America only

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 10(e) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

X AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, UG Uganda, TZ Tanzania , ZW Zimbabwe, MZ Mozambique and any other State which is a Contracting State of the Harare Protocol and of the PCT

X EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, CH Switzerland and Liechtenstein, CY Cyprus, DE Germany,
DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy,
LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of
the European Patent Convention and of the PCT

X OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

| | | | | | | | |
|---|-----------|---------------------------------------|--|---|----|--|--|
| X | AE | United Arab Emirates | | X | LC | Saint Lucia | |
| X | AG | Antigua and Barbuda | | X | LK | Sri Lanka | |
| X | AL | Albania | | X | LR | Liberia | |
| X | AM | Armenia | | X | LS | Lesotho | |
| X | AT | Austria | | X | LT | Lithuania | |
| X | AU | Australia | | X | LU | Luxembourg | |
| X | AZ | Azerbaijan | | X | LV | Latvia | |
| X | BA | Bosnia and Herzegovina | | X | MA | Morocco | |
| X | BB | Barbados | | X | MD | Republic of Moldova | |
| X | BG | Bulgaria | | X | MG | Madagascar | |
| X | BR | Brazil | | X | MK | The former Yugoslav Republic of Macedonia | |
| X | BY | Belarus | | X | MN | Mongolia | |
| X | BZ | Belize | | X | MW | Malawi | |
| X | CA | Canada | | X | MX | Mexico | |
| X | CH and LI | Switzerland and Liechtenstein | | X | MZ | Mozambique | |
| X | CN | China | | X | NO | Norway | |
| X | CU | Cuba | | X | NZ | New Zealand | |
| X | CZ | Czech Republic | | X | PL | Poland | |
| X | DE | Germany | | X | PT | Portugal | |
| X | DK | Denmark | | X | RO | Romania | |
| X | DM | Dominica | | X | RU | Russian Federation | |
| X | DZ | Algeria | | X | SD | Sudan | |
| X | EE | Estonia | | X | SE | Sweden | |
| X | ES | Spain | | X | SG | Singapore | |
| X | FI | Finland | | X | SI | Slovenia | |
| X | GB | United Kingdom | | X | SK | Slovakia | |
| X | GD | Grenada | | X | SL | Sierra Leone | |
| X | GE | Georgia | | X | TJ | Tajikistan | |
| X | GH | Ghana | | X | TM | Turkmenistan | |
| X | GM | Gambia | | X | TR | Turkey | |
| X | HR | Croatia | | X | TT | Trinidad and Tobago | |
| X | HU | Hungary | | X | TZ | Tanzania | |
| X | ID | Indonesia | | X | UA | Ukraine | |
| X | IL | Israel | | X | UG | Uganda | |
| X | IN | India | | X | US | United States of America | |
| X | IS | Iceland | | X | UZ | Uzbekistan | |
| X | JP | Japan | | X | VN | Vietnam | |
| X | KE | Kenya | | X | YU | Yugoslavia | |
| X | KG | Kyrgyzstan | | X | ZA | South Africa | |
| X | KP | Democratic People's Republic of Korea | | X | ZW | Zimbabwe | |
| X | KR | Republic of Korea | | | | Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet: | |
| X | KZ | Kazakhstan | | | | | |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.*)

| Box No. VI PRIORITY CLAIM | | Further priority claims are indicated in the Supplemental Box. | | |
|---|----------------------------------|--|--|--|
| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
| | | national application: country | regional application: regional Office | international application: receiving Office |
| item (1) 21/07/99 21 JULY 1999 | RM99A000465 | ITALY | | |
| item (2) | | | | |
| item (3) | | | | |

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office*) identified above as item(s): (1)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):
ISA /

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (Day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 4

This international application is accompanied by the item(s) marked below:

1. fee calculation sheet

description (excluding sequence listing part) : 11

2. separate signed power of attorney

claims : 4

3. copy of general power of attorney; reference number, if any:

abstract : 1

4. statement explaining lack of signature

drawings :

5. priority document(s) identified in Box No. VI as item(s):

sequence listing part of description :

6. translation of international application into (language):

Total number of sheets : 16

7. separate indications concerning deposited microorganism or other biological material

8. nucleotide and/or amino acid sequence listing in computer readable form

9. other (specify): ADDITIONAL SHEET

Figure of the drawings which should accompany the abstract:

Language of filing of the international application: ITALIAN

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

IANNONE Carlo Luigi

For receiving Office use only

| | | |
|---|--|--|
| 1. Date of actual receipt of the purported international application | 2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: | |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | | |
| 5. International Searching Authority (if two or more are competent): ISA / | 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid. | |

For International Bureau use only

| |
|---|
| Date of receipt of the record copy by the International Bureau: |
|---|

See Notes to the request form

This sheet is not a sheet of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International application No. _____

Date stamp of the receiving Office _____

Applicant's or agent's
file reference PCT24454

Applicant STRUMILLO -DJACZENKO FAVA

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

60.000 T

2. SEARCH FEE

1.829.775 S

3. INTERNATIONAL FEE

Basic Fee

The international application contains 16 sheets.

791.934 b1

first 30 sheets

b2

x _____ = _____ additional amount

Add amounts entered at b1 and b2 and enter total at B

791.934 B

Designation Fees

The international application contains _____ designations.

x _____ = 1.363.136 D

number of designation fees amount of designation fee
payable (maximum 10)

2.155.070 I

Add amounts entered at B and D and enter total at I

(Applicants from certain States are entitled to a reduction of 75% of the
international fee. Where the applicant is (or all applicants are) so entitled, the
total to be entered at I is 25% of the sum of the amounts entered at B and D.)

P

4.044.845

TOTAL

4. FEE FOR PRIORITY DOCUMENT (if applicable)

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

The designation fees are not paid at this time.

MODE OF PAYMENT

authorization to charge
deposit account (see below)

bank draft

coupons

cheque

cash

other (specify): _____

postal money order

revenue stamps

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ is hereby authorized to charge the total fees indicated above to my deposit account.

is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

is hereby authorized to charge the fees for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

Deposit Account No. _____

Date (day/month/year) _____

Signature _____

See Notes to the fee calculation sheet

ADDITIONAL SHEET

The Applicants hereby declares that have divided the property of the instant application as follows:

STRUMILLO-DJACZENKO Maria 67%
FAVA Danila 33%

ROME, JULY 21, 2000

(IANNONE Carlo Luigi)

PCT

POWER OF ATTORNEY (for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (*Names should be indicated as they appear in the request*):

STRUMILLO DJACZENKO Maria
(wife and hier of Wiktor
DJACZENKO)

Via Giano della Bella 18
00162 ROMA - ITALY

hereby appoints (appoint) the following person as: agent common representative

Name and address

(*Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.*)

BANCHETTI Marina - CAPASSO Olga - de SIMONE Domenico - FIORUZZI Maria Augusta - IANNONE Carlo Luigi -
TALIERCIO Antonio - ZANARDO Giovanni - ING. BARZANO' & ZANARDO ROMA - S.p.A. - Via Piemonte 26 - 00187
ROMA - ITALY

to represent the undersigned before

- all the competent International Authorities
 the International Searching Authority only
 the International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: PHARMACEUTICAL COMPOSITION FOR TOPICAL APPLICATION, USES
AND PROCESS FOR THE PREPARATION THEREOF.

Applicant's or agent's file reference: PCT 24454

International application number(if already available):

filed with the following Office ITALIAN PATENT OFFICE as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (*where there are several applicants, each of them must sign: next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power*):

Maria Strumillo Djaczenko

Danila Fava

Date: _____